

COMMERCIAL SALES PRACTICES FORMAT

Name of Offeror_____

SIN(s)_____

Note: Please refer to clause 552.212-70, PREPARATION OF OFFER (MULTIPLE AWARD SCHEDULE), for additional information concerning your offer. Provide the following information for each SIN (or group of SINs or SubSIN for which information is the same).

(1) Provide the dollar value of sales to the general public at or based on an established catalog or market price during the previous 12-month period or the offerors last fiscal year: \$_____. State beginning and ending of the 12 month period. Beginning_____ Ending_____. In the event that a dollar value is not an appropriate measure of the sales, provide and describe your own measure of the sales of the item(s).

(2) Show your total projected annual sales to the Government under this contract for the contract term, excluding options, for each SIN offered. If you currently hold a Federal Supply Schedule contract for the SIN the total projected annual sales should be based on your most recent 12 months of sales under that contract.

SIN	\$	SIN	\$	SIN	\$	SIN	\$
874-1		874-2		874-3		874-4	
874-5		874-6		874-7		874-8	
874-99							

(3) Based on your written discounting policies (standard commercial sales practices in the event you do not have written discounting policies), are the discounts and any concessions which you offer the Government equal to or better than your best price (discount and concessions in any combination) offered to any customer acquiring the same items regardless of quantity or terms and conditions? YES____ NO____. (See definition of “concession” and “discount” in 552.212-70.)

(4) (a) Based on your written discounting policies (standard commercial sales practices in the event you do not have written discounting policies), provide information as requested for each SIN (or group of SINs for which the information is the same) in accordance with the instructions at Figure 515.2, which is provided in this solicitation for your convenience. The information should be provided in the chart below or in an equivalent format developed by the offeror. Rows should be added to accommodate as many customers as required.

Column 1 Customer	Column 2 Discount	Column 3 Quantity/Volume	Column 4 FOB Term	Column 5 Concessions

(b) Do any deviations from your written policies or standard commercial sales practices disclosed in the above chart ever result in better discounts (lower prices) or concessions than indicated? YES ____ NO____. If YES, explain deviations in accordance with the instructions at Figure 515.4-2, which is provided in this solicitation for your convenience .

(5) If you are a dealer/reseller without significant sales to the general public, you should provide manufacturers' information required by paragraphs (1) through (4) above for each item/SIN offered, if the manufacturer's sales under any resulting contract are expected to exceed \$500,000. You must also obtain written authorization from the manufacturer(s) for Government access, at any time before award or before agreeing to a modification, to the manufacturer's sales records for the purpose of verifying the information submitted by the manufacturer. The information is required in order to enable the Government to make a determination that the offered price is fair and reasonable. To expedite the review and processing of offers, you should advise the manufacturer(s) of this requirement. The contracting officer may require the information be submitted on electronic media with commercially available spreadsheet(s). The information may be provided by the manufacturer directly to the Government. If the manufacturer's item(s) is being offered by multiple dealers/resellers, only one copy of the requested information should be submitted to the Government. In addition, you must submit the following information along with a listing of contact information regarding each of the manufacturers whose products and/or services are included in the offer (include the manufacturer's name, address, the manufacturer's contact point, telephone number, and FAX number) for each model offered by SIN:

- | | | |
|-------------------------|--------------------------------|---|
| (a) Manufacturer's Name | (b) Manufacturer's Part Number | (c) Dealer's/Reseller's Part Number |
| (d) Product Description | (e) Manufacturer's List Price | (f) Dealer's/Reseller's percentage discount from List Price or net prices |

Figure 515.4-2—Instructions for Commercial Sales Practices Format

If you responded “YES” to question (3), on the COMMERCIAL SALES PRACTICES FORMAT, complete the chart in question (4)(a) for the customer(s) who receive your best discount. If you responded “NO” complete the chart in question (4)(a) showing your written policies or standard sales practices for all customers or customer categories to whom you sell at a price (discounts and concessions in combination) that is equal to or better than the price(s) offered to the Government under this solicitation or with which the Offeror has a current agreement to sell at a discount which equals or exceeds the discount(s) offered under this solicitation. Such agreement shall be in effect on the date the offer is submitted or contain an effective date during the proposed multiple award schedule contract period. If your offer is lower than your price to other customers or customer categories, you will be aligned with the customer or category of customer that receives your best price for purposes of the Price Reduction clause at 552.238-75. The Government expects you to provide information required by the format in accordance with these instructions that is, to the best of your knowledge and belief, current, accurate, and complete as of 14 calendar days prior to its submission. You must also disclose any changes in your price list(s), discounts and/or discounting policies which occur after the offer is submitted, but before the close of negotiations. If your discount practices vary by model or product line, the discount information should be by model or product line as appropriate. You may limit the number of models or product lines reported to those which exceed 75% of actual historical Government sales (commercial sales may be substituted if Government sales are unavailable) value of the special item number (SIN).

Column 1—Identify the applicable customer or category of customer. A “customer” is any entity, except the Federal Government, which acquires supplies or services from the Offeror. The term customer includes, but is not limited to original equipment manufacturers, value added resellers, state and local governments, distributors, educational institutions (an elementary, junior high, or degree granting school which maintains a regular faculty and established curriculum and an organized body of students), dealers, national accounts, and end users. In any instance where the Offeror is asked to disclose information for a customer, the Offeror may disclose information by category of customer if the offeror's discount policies or practices are the same for all customers in the category. (Use a separate line for each customer or category of customer.)

Column 2—Identify the discount. The term “discount” is as defined in solicitation clause 552.212-70, Preparation of Offer (Multiple Award Schedule). Indicate the best discount (based on your written discounting policies or standard commercial discounting practices if you do not have written discounting policies) at which you sell to the customer or category of customer identified in column 1, without regard to quantity; terms and conditions of the agreements under which the discounts are given; and whether the agreements are written or oral. Net prices or discounts off of other price lists should be expressed as percentage discounts from the price list which is the basis of your offer. If the discount disclosed is a combination of various discounts (prompt payment, quantity, etc.), the percentage should be broken out for each type of discount. If the price lists which are the basis of the discounts given to the customers identified in the chart are different than the price list submitted upon which your offer is based, identify the type or title and date of each price list. The contracting officer may require submission of these price lists. To expedite evaluation, offerors may provide these price lists at the time of submission.

Column 3—Identify the quantity or volume of sales. Insert the minimum quantity or sales volume which the identified customer or category of customer must either purchase/order, per order or within a specified period, to earn the discount. When purchases/orders must be placed within a specified period to earn a discount indicate the time period.

Column 4—Indicate the FOB delivery term for each identified customer. See FAR 47.3 for an explanation of FOB delivery terms.

Column 5—Indicate concessions regardless of quantity granted to the identified customer or category of customer. Concessions are defined in solicitation clause 552.212-70, Preparation of Offers (Multiple Award Schedule). If the space provided is inadequate, the disclosure should be made on a separate sheet by reference.

If you respond “YES” to question 4 (b) in the Commercial Sales Practices Format, provide an explanation of the circumstances under which you deviate from your written policies or standard commercial sales practices disclosed in the chart on the Commercial Sales Practices Format and explain how often they occur. Your explanation should include a discussion of situations that lead to deviations from standard practice, an explanation of how often they occur, and the controls you employ to assure the integrity of your pricing. Examples of typical deviations may include, but are not limited to, one time goodwill discounts to charity organizations or to compensate an otherwise disgruntled customer; a limited sale of obsolete or damaged goods; the sale of sample goods to a new customer; or the sales of prototype goods for testing purposes.

If deviations from your written policies or standard commercial sales practices disclosed in the chart on the Commercial Sales Practices Format are so significant and/or frequent that the Contracting Officer cannot establish whether the price(s) offered is fair and reasonable, then you may be asked to provide additional information. The Contracting Officer may ask for information to demonstrate that you have made substantial sales of the item(s) in the commercial market consistent with the information reflected on the chart on the Commercial Sales Practice Format, a description of the conditions surrounding those sales deviations, or other information that may be necessary in order for the Contracting Officer to determine whether your offered price(s) is fair and reasonable. In cases where additional information is requested, the Contracting Officer will target the request in order to limit the submission of data to that needed to establish the reasonableness of the offered price.

PAST PERFORMANCE EVALUATION REPORT

(TO ORDER, FAX THESE FORMS)

FAX TO: DUN & BRADSTREET INFORMATION SERVICES, NA
ATTN: MILLIE DIAZ FAX NUMBER: (610) 807-1075
PAST PERFORMANCE EVALUATION FULFILLMENT

MORE INFORMATION ON PAST PERFORMANCE EVALUATIONS PERFORMED BY D&B CAN BE ACCESSED IN THE INTERNET AT [HTTP://WWW.DNB.COM](http://www.dnb.com)

SECTION ONE: **ABOUT YOUR COMPANY**

PLEASE PREPARE AND DISTRIBUTE A PAST PERFORMANCE EVALUATION REPORT ON MY COMPANY , AS LISTED BELOW:

(YOUR COMPANY NAME)

(YOUR COMPANY STREET ADDRESS)

(CITY, STATE, ZIP)

(YOUR COMPANY PHONE NUMBER)

(YOUR COMPANY FAX NUMBER)

(YOUR PERSONAL/CONTACT NAME)

SECTION TWO: **THE RECIPIENT OF THE INFORMATION**

PROVIDE ONE COPY OF THE PAST PERFORMANCE EVALUATION REPORT ON MY COMPANY TO THE FOLLOWING:

GENERAL SERVICES ADMINISTRATION
MANAGEMENT SERVICES CENTER
ACQUISITION DIVISION, FSS -10FTP-M
400 15TH ST. S.W.
AUBURN, WA 98001-6599

TELEPHONE: (253) 931-7105 FAX: (253) 931-7174

REFERENCE: MOBIS

SECTION THREE:
PAYMENT INFORMATION

☐ BILL TO MY CREDIT CARD:

☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____

☐ PAYMENT ENCLOSED - SEE ATTACHED CHECK

☐ BILL ME - SEND INVOICE TO THE ADDRESS SHOWN IN SECTION ONE

I AGREE TO PAY \$125 FOR THE PREPARATION/DISTRIBUTION OF MY PAST PERFORMANCE EVALUATION REPORT, A COPY OF WHICH WILL BE PROVIDED BOTH TO MY COMPANY AND THE COMPANY IDENTIFIED IN SECTION TWO ABOVE. I ALSO AGREE TO PAY \$25 FOR EACH ADDITIONAL COPY THAT I'VE REQUESTED BE DISTRIBUTED TO ONE OR MORE OTHER COMPANIES IDENTIFIED IN SECTION THREE.

QUESTIONS? CALL (800) 999-3867, EXT 7862, AND ASK FOR INFORMATION ABOUT THE PAST PERFORMANCE EVALUATION REPORT.

This Form is for ordering a Past Performance Evaluation Report as required by GSA. A Past Performance Evaluation report will be sent directly to GSA for a fee of \$125. Past Performance Evaluation Reports are furnished subject to the following conditions: 1. you understand that the report requested is to be sent directly to GSA and to you; 2. you understand that D&B does not guarantee or warrant the information and you agree that even if D&B is negligent in preparing the information, D&B shall not be liable to you or your company or business for any loss resulting from reliance on it; 3. if for any reason a court holds D&B liable based on reliance of the information, the amount of such liability shall not exceed \$10,000.

The information provided to and received by D&B may be maintained by D&B, but D&B will never sell the information.

REFERENCE: MOBIS

PAST PERFORMANCE EVALUATION REPORT

PLEASE PROVIDE 20 OF YOUR CUSTOMERS TO BE SURVEYED
(XEROX THIS PAGE AS NEEDED)

CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
E-MAIL: _____

CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
E-MAIL: _____

CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
E-MAIL: _____

CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
E-MAIL: _____

CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
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CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
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CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
E-MAIL: _____

CUSTOMER NAME: _____
NAME OF CONTACT/TITLE: _____
CITY/STATE: _____ PHONE: _____ FAX: _____
E-MAIL: _____

REFERENCE: MOBIS

SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE (MODEL)

GSA provides this plan as a tool. It does not establish minimum requirements for an acceptable plan. The model reflects objectives GSA encourages contractors to adopt. GSA expects offerors to thoroughly review the requirements set forth in FAR 19.704, Subcontracting plan requirements, and FAR clause 52.219-9, Small Business Subcontracting Plan, before submitting their contracting plans.

The model is not intended to replace any existing corporate plan which is more extensive. If you need assistance to locate small business sources, contact the Small Business Administration office in your local area or research ProNet on the Internet at <http://pro-net.sba.gov>. Please note that the Small Business Administration has subcontracting goals of 23% for small business, 2% for HUBZone Small Business, 5% for Small Disadvantaged Business (SDB), 5% for Women-Owned Small Business (WOSB), 1% for Veteran-owned Small Business for fiscal year 2001.

Identification Data:

Company Name: _____

Address: _____

Date Prepared: _____ Solicitation Number: _____

Item/Service: _____

1. TYPE OF PLAN: (Check only one).

_____ INDIVIDUAL PLAN: *In this type of plan all elements are developed specifically for this contract and apply for the full term of this contract.*

_____ MASTER PLAN: *In this type of plan, goals are separately developed for this contract in an individual plan; all other elements are standard. The master plan must be approved once every three years. Once incorporated into a contract with specific goals, it is valid for the life of the contract.*

_____ COMMERCIAL PLAN: *This type of plan is used when the contractor sells large quantities of off-the-shelf commodities to many Government agencies. Plans and goals are negotiated with the initial agency on a company-wide basis rather than for individual contracts. The plan is effective only during year approved. The contractor must provide a copy of the initial agency approval, and must submit an annual SF 295 to GSA with a breakout of subcontracting prorated for GSA.*

2. GOALS:

State separate dollar and percentage goals for small business, HUBZone small, small disadvantaged business, and women-owned small business in the following format. Express all dollar goals as a percentage of total planned subcontracting dollars.

A. Estimated dollar value of all planned subcontracting, i.e., to all types of business concerns under this contract is:

ESTIMATED DOLLAR VALUE OF ALL PLANNED SUBCONTRACTING

BASE	1ST OPTION	2ND OPTION	3RD OPTION
\$	\$	\$	\$
100%	100%	100%	100%

- B. Estimated dollar value and percentage of total planned subcontracting to large business concerns.
(all business concerns classified as other than small)

SUBCONTRACTING TO LARGE BUSINESS CONCERNS

BASE	1ST OPTION	2ND OPTION	3RD OPTION
\$	\$	\$	\$
%	%	%	%

- C. Estimated dollar value and percentage of total planned subcontracting to small business concerns is:
(Include HUBZone Small, Small Disadvantaged, Women-owned Small Business and veteran-owned Small Business)

SUBCONTRACTING TO SMALL BUSINESS CONCERNS

BASE	1ST OPTION	2ND OPTION	3RD OPTION
\$	\$	\$	\$
%	%	%	%

- D. Estimated dollar value and percentage of total planned subcontracting to HUBZone small business concerns is:

SUBCONTRACTING TO HUBZONE SMALL BUSINESS CONCERNS

BASE	1ST OPTION	2ND OPTION	3RD OPTION
\$	\$	\$	\$
%	%	%	%

- E. Estimated dollar value and percentage of total planned subcontracting to small disadvantaged business concerns is:

SUBCONTRACTING TO SMALL DISADVANTAGED BUSINESS CONCERNS

BASE	1ST OPTION	2ND OPTION	3RD OPTION
\$	\$	\$	\$
%	%	%	%

F. Estimated dollar value and percent age of total planned subcontracting to women-owned small business concerns is:

SUBCONTRACTING TO WOMEN-OWNED SMALL BUSINESS CONCERNS

BASE	1ST OPTION	2ND OPTION	3RD OPTION
\$	\$	\$	\$
%	%	%	%

G. Estimated dollar value and percentage of total planned subcontracting to veteran-owned small business concerns is:

SUBCONTRACTING TO VETERAN-OWNED SMALL BUSINESS CONCERNS

BASE	1ST OPTION	2ND OPTION	3RD OPTION
\$	\$	\$	\$
%	%	%	%

H. Products and/or services to be subcontracted under this contract, and the types of businesses supplying them, are: (Check all that apply).

BUSINESS CATEGORY OR SIZE

PRODUCT/SERVICE	NAICS	LARGE	SMALL BUS.	HUB SMALL	SDB	WOSB	VOSB

(Attach additional sheets if necessary.)

H1. Explain the methods used to develop the subcontracting goals for small, HUBZone small, small disadvantaged, and women-owned small business concerns.

H2. Explain how the product and service areas to be subcontracted were established, how the areas to be subcontracted to small, HUBZone small, small disadvantaged and women-owned small business concerns were determined.

H3. How the capabilities of small, HUBZone small, small disadvantaged and women-owned small business concerns were determined.

H4. Identify all source lists used in the determination process.

I. Indirect and overhead costs ___ HAVE BEEN or ___ HAVE NOT BEEN included in the dollar and percentage subcontracting goals stated above. (Check one.)

J. If indirect and overhead costs HAVE BEEN included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, HUBZone small, small disadvantaged and women-owned business concerns.

3. PROGRAM ADMINISTRATOR:

FAR 52.219-9(d)(7) requires information about the company employee who will administer the subcontracting program. Please provide the name, title, address, phone number, position within the corporate structure and the duties of that employee.

Name:

Title:

Position:

Address:

Telephone:

Duties: The Program Administrator's general overall responsibility for the Contractor's subcontracting program, i.e., developing, preparing, and executing individual subcontracting plans and monitoring performance relative to this particular plan. These duties may include, but are not limited to the following activities.

- A. Developing and promoting company/division policy statements that demonstrate the company's/division's support for awarding contracts and subcontracts to small, HUBZone small, small disadvantaged, and women-owned small business concerns.
- B. Developing and maintaining bidders' lists of small, HUBZone small, small disadvantaged, and women-owned small business concerns from all possible sources.
- C. Ensuring periodic rotation of potential subcontractors on bidders' lists.
- D. Assuring that small, HUBZone small, small disadvantaged, and women-owned small business concerns are included on the bidders' list for every subcontract solicitation for products and services they are capable of providing.
- E. Ensuring that subcontract procurement "packages" are designed to permit the maximum possible participation of small, HUBZone small, small disadvantaged, and women-owned small business concerns.
- F. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, HUBZone small, small disadvantaged, and women-owned small business participation.
- G. Ensuring that the subcontract bid proposal review board documents its reasons for not selecting any low bids submitted by small, HUBZone small, small disadvantaged, and women-owned small business concerns.
- H. Overseeing the establishment and maintenance of contract and subcontract award records.
- I. Attending or arranging for the attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
- J. Directly or indirectly counseling small, HUBZone small, small disadvantaged and women-owned small business concerns on subcontracting opportunities and how to prepare bids to the company
- K. Providing notice to subcontractors concerning penalties for misrepresentations of business status as small, HUBZone small, small disadvantaged, or women-owned small business for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the contractor's subcontracting plan.
- L. Conducting or arranging training for purchasing personnel regarding the intent and impact of Public Law 95-907 on purchasing procedures.
- M. Developing and maintaining an incentive program for buyers which supports the subcontracting program.
- N. Monitoring the company's performance and making any adjustments necessary to achieve the subcontract plan goals.
- O. Preparing and submitting timely reports.
- P. Coordinating the company's activities during compliance reviews by Federal agencies.

4. EQUITABLE OPPORTUNITY

FAR 52.219-9(d)(8) requires a description of the efforts your company will make to ensure that small, HUBZone small, small disadvantaged, and women-owned small business concerns will have an equitable opportunity to compete for subcontracts. These efforts may include, but are not limited to the following activities:

A. Outreach efforts to obtain sources:

____ Contacting minority and small business trade associations

____ Contacting business development organizations

____ Requesting sources from the Small Business Administration's Procurement Marketing and Access Network (PRO-Net).

____ Attending small, minority, and women-owned business procurement conferences and trade fairs.

B. Internal efforts to guide and encourage purchasing personnel:

____ Presenting workshops, seminars and training programs

____ Establishing, maintaining and using small, HUBZone small, small disadvantaged and women-owned business source lists, guides and other data for soliciting subcontracts

____ Monitoring activities to evaluate compliance with the subcontracting plan

C. Additional efforts: (Please describe.)

5. CLAUSE INCLUSION AND FLOWDOWN

FAR 52.219-9(d)(9) requires that your company provide assurances that it will include the clause at FAR 52.219-8, "Utilization of Small Business Concerns," in all subcontracts that offer further subcontracting opportunities.

FAR 52.219-9(d)(9) also requires that your company agrees in this plan that it will require all subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) to adopt a plan complies with the requirements of FAR 52.219-9, "Small Business Subcontracting Plan."

(Insert company name) agrees that the clause will be included and that the plans will be reviewed against the minimum requirements for such plans. The acceptability of percentage goals for small, HUBZone small, small disadvantaged, and women-owned small business concerns must be determined on a case-by-case basis depending on the supplies and services involved, the availability of potential small, HUBZone small, small disadvantaged, and women-owned small business subcontractors and prior experience. Once the plans are negotiated, approved, and implemented, the plans must be monitored through the submission of periodic reports, including Standard Form (SF) 294 and SF 295 reports.

In accordance with policy letters published by the Office of Federal Procurement Policy, such assurance must describe the offer's procedures for the review, approval and monitoring for compliance with such subcontracting plans.

6. REPORTING AND COOPERATION

FAR 52.219-9(d)(10) requires that your company (1) cooperate in any studies or surveys as may be required, (2) submit periodic reports which show compliance with the subcontracting plan; (3) submit Standard Form (SF) 294, "Subcontracting Reports for Individual Contracts," and SF 295,

"Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensure that subcontractors agree to submit SF 294 and SF 295.

Both the Associate Administrator for Enterprise Development and the Small Business Technical Advisor must receive the report(s) within 30 days after the close of each calendar period. That is:

<u>Calendar Period</u>	<u>Report Due</u>	<u>Date Due</u>	<u>Send Report To</u>
10/01--03/31	SF 294	04/30	Contracting Officer/Small Business Technical Advisor
04/01--09/30	SF 294	10/30	Contracting Officer/Small Business Technical Advisor
10/01--09/30	SF 295*	10/30	Contracting Officer/Associate Administrator for Enterprise

Development

*SF 295 Must be submitted to SBA's Commercial Market Representative

Small Business Technical Advisor address is: (To Be Completed by Contracting Officer)	Associate Administrator for Enterprise Development address is: (To be completed by Contracting Officer)
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7. RECORDKEEPING

FAR 52.219-9(d)(11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records include, but are not limited to, the following:

- A. Small, HUBZone small, small disadvantaged, and women-owned small business concern source lists, guides, and other data identifying such vendors.
- B. Organizations contacted for small, HUBZone small, small disadvantaged, and women-owned small business sources.
- C. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000 which indicate for each solicitation:
 - C1. Whether small business concerns were solicited, and if not, why not.
 - C2. Whether HUBZone small business concerns were solicited, and if not, why not.
 - C3. Whether small disadvantaged business concerns were solicited, and if not, why not.
 - C4. Whether women-owned small business concerns were solicited, and if not, why not.
 - C5. Whether veteran-owned small business concerns were solicited, and if not, why not.
 - C6. Reasons for the failure of solicited small, small disadvantaged, HUBZone and women-owned small business, veteran-owned small business concerns to receive the subcontract award.
- D. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small, HUBZone small, minority, and women-owned small business procurement conference and trade fairs.

- E. Records to support internal activities to (1) guide and encourage purchasing personnel, e.g., workshops, seminars, training programs, incentive awards; and (2) monitor activities to evaluate compliance.
- F. On a contract-by-contract basis, records to support subcontract award data including the name, address and business size of each subcontractor. (This item is not required for company or division-wide commercial plans).
- G. Other records to support your compliance with the subcontracting plan: (Please describe)

8. TIMELY PAYMENTS TO SUBCONTRACTORS

FAR 52.219-8(a) requires your company to establish and use procedures to ensure the timely payment of amounts due pursuant to the terms of your subcontracts with small, HUBZone small, small disadvantaged, and women-owned small business concerns.

(Insert company name) has established and uses such procedures:

9. DESCRIPTION OF GOOD FAITH EFFORT

Maximum practicable utilization of small, HUBZone small, small disadvantaged, Women-owned small business and veteran-owned small business concerns as subcontractors in Government contracts is a matter of national interest with both social and economic benefits. When a contractor fails to make a

good faith effort to comply with a subcontracting plan, these objectives are not achieved, and 15 U.S.C. 637(d)(4)(F) directs that the contractor must pay liquidated damages. In order to demonstrate your compliance with a good faith effort to achieve the small, HUBZone small, small disadvantaged, and women-owned small business and veteran-owned small business subcontracting goals, outline the steps your company plans to take. These steps will be negotiated with the contracting officer prior to approval of the plan.

The offeror is advised that this subcontracting plan will be made a material part of the contract and that the submission of the SF294 and SF295 will be made a line item deliverable in the contract.

10. SIGNATURES REQUIRED

This subcontracting plan was submitted by:
Signature:

Typed Name:

Title:

Date:

This subcontracting plan was accepted by:
Signature:

Typed Name:

Title: Contracting Officer

Date:

COVER PAGE TO OFFER

Offeror's Name (include a Doing Business As (DBA) if applicable):

Offeror's Address: _____

Business Size _____ Small Disadvantaged

(Check all that apply) _____ 8(a)

_____ HUBZone Small Business

_____ Small Business

_____ Woman Owned Small Business

_____ Large Business

_____ Woman Owned Large Business

_____ "Not For Profit" Organization

_____ Veteran-Owned Small Business

Each Authorized Negotiator's Name, Title and Phone Number:

Special Item Number(s) (SINs) Offered (Check all that apply):

<input type="checkbox"/> 874-1	<input type="checkbox"/> 874-2	<input type="checkbox"/> 874-3	<input type="checkbox"/> 874-4	<input type="checkbox"/> 874-5
<input type="checkbox"/> 874-6	<input type="checkbox"/> 874-7	<input type="checkbox"/> 874-8	<input type="checkbox"/> 874-99	

Aggregate Estimated MOBIS Sales per Contract Year (in dollars): \$ _____

CERTIFICATION

I hereby certify that I have not made any changes to the terms and conditions of the Request For Proposal Number TFTP-MC-000874-1.

Signature

Date